

PLEASE READ A

P03000089889

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000089889

1. Corporation Name

GALAN ENTERTAINMENT, INC.

FILED

04 NOV -5 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

1939 N. GLADES DR.

Suite, Apt. #, etc.

APT 2

City & State

N. MIAMI BEACH

Zip

33162

Country

USA

3. Mailing Office Address

5791 Plunkett St.

Suite, Apt. #, etc.

11

City & State

Hollywood, FL

Zip

33023

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/15/03

5. FEI Number

00-0277589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

JUAN L. GALAN

Street Address (P.O. Box Number is Not Acceptable)

1939 N. GLADES DRIVE

Suite, Apt. #, Etc.

APT 2

City

NORTH MIAMI BEACH

State
FL

Zip Code

33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0500 or 617.0600, F.S.

Signature of

Registered Agent

Juan L. Galan

Date 11-4-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JUAN L. GALAN	1939 N. GLADES DR.	N. MIAMI BCH, FL 33162

REINSTATEMENT 2004

77C

600042610736

11/09/04--01088--004 ***150.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Juan L. Galan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-04

Date

954 605-1327

Display Phone #

17030000 89889

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FILED
04 NOV -5 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

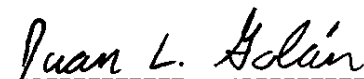
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEAR 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



JUAN L. GALAN
PRESIDENT

